



## Missouri Pharmacy Program- Preferred Drug List



### Ophthalmic Antihistamines

**Effective 04/26/2006**

#### **Preferred Agents**

- Optivar®
- Zaditor®
- Livostin®
- Patanol®
- Elestat®

#### **Non-Preferred Agents**

- Emadine®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial on preferred products	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.